| PATENT. | APPL | ICATIO | NC | FEE | DET | TERN | MOITAMIN | <b>RECORD</b> |
|---------|------|--------|----|-----|-----|------|----------|---------------|
|         |      |        | -  | _   | _   | _    |          |               |

**Application or Docket Number** 

M140 · 341 10|091260 ·

| Effective October 1, 2001  |             |   |             |                               |                              |                   |        | 10/09/256         |                        |                     |                               |                        |  |
|--|-------------|---|-------------|-------------------------------|------------------------------|-------------------|--------|-------------------|------------------------|---------------------|-------------------------------|------------------------|--|
|  |             |   | (Column 1)  |                               | (Column 2)                   |                   |        | SMALL ENTITY TYPE |                        | OR                  | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS   |             | 42  |             |                               |                              | RA                | ΓE     | FEE               |                        | RATE                | FEE                           |                        |  |
| FOR  |             | NUMBER FILED                              |             | NUMBER EXTRA                  |                              | BASIC             | FEE    | 370.00            | OR                     | BASIC FEE           | 740.00                        |                        |  |
| TOTAL CHARGEABLE CLAIMS  |             | 4 Z_minus 20=                             |             | * 22                          |                              | X\$               | X\$ 9= |                   | OR                     | X\$18=              | 396                           |                        |  |
| INDEPENDENT CLAIMS   |             |   | @ minus 3 = |                               | * 3                          |                   | X42=   |                   |                        | OR                  | X84=                          | 252                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |             |   |             |                               |                              |                   | +140=  |                   | OR                     | +280=               |                               |                        |  |
| * If the difference in column 1 is less than zero, enter   |             |   |             |                               | r "0" in c                   | olumn 2           | TO     |                   |                        | OR                  | TOTAL                         | 1388                   |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                       |             |   |             |                               |                              | (Column 3)        |        | SMALL ENTITY      |                        |                     | OTHER<br>SMALL                |                        |  |
| AMENDMENT A  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA  | RA     | ΤE                | ADDI-<br>TIONAL<br>FEE |                     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| NOM  | Total       | • 48                                      | Minus       | ** (                          | 12                           | = 6               | X\$    | 9=                |                        | OR                  | X\$18=                        |                        |  |
| AME  | Independent | · 6                                       | Minus       | ***                           | 6                            | -                 | X4:    | 2=                |                        | OR                  | X84=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |             |   |             |                               |                              |                   | +14    | 0=                |                        | OR                  | +280= _                       |                        |  |
|  |             |   |             |                               |                              |                   | OTAL   |                   | OR                     | TOTAL<br>ADDIT. FEE |                               |                        |  |
| ADDIT. FEEON ADDIT. FEEON ADDIT. FEEON ADDIT. FEE  |             |   |             |                               |                              |                   |        |                   |                        |                     |                               |                        |  |
| AMENDMENT B  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT/<br>EXTRA | RA     | ΤE                | ADDI-<br>TIONAL<br>FEE |                     | RATE                          | ADDI/<br>TIONAL<br>FEE |  |
| S  | Total       | • 48                                      | Minus       | * Y                           | 18                           | -                 | X\$    | 9=                |                        | OR                  | X\$18=/                       |                        |  |
| AME  | Independent | NTATION OF M                              | Minus       | PENDEN                        | C AIM                        | -/                | X4     | 2=                | -                      | OR                  | X8/=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |             |   |             |                               |                              |                   | +14    | 0=                |                        | OR                  | <del>/</del> 280=             |                        |  |
|  | •           |   |             |                               |                              |                   | ADDIT  | OTAL<br>FEE       |                        | OR                  | TOTAL<br>ADDIT. FEE           |                        |  |
| _  |             | (Column 1)                                |             |                               | mn 2)                        | (Column 3)        |        |                   |                        |                     |                               |                        |  |
| AMENDMENT C  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |             | NUM<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  | RA     | ΓE                | ADDI-<br>TIONAL<br>FEE |                     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total       | *   | Minus       | **                            |                              | -                 | X\$    | 9=                | ı                      | OR                  | X\$18=                        |                        |  |
|  | Independent | *   | Minus       | ***                           | T OL ASS                     |                   | X4:    | 2=                |                        | OR                  | X84=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= OR +280=                                      |             |   |             |                               |                              |                   |        |                   |                        |                     |                               |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                |             |   |             |                               |                              |                   |        |                   | OB.                    | TOTAL               |                               |                        |  |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 20.  ADDIT. FEE |             |   |             |                               |                              |                   |        |                   |                        |                     |                               |                        |  |